



DISCLOSURE FORM: CHARACTER

Last _____ First _____ MI _____

Date of Birth: _____ POST ID # _____
Last 4 #s of SSN First Name 1st 4 Letters Day of Birth

Fill in your answers to the questions on the following pages.

Print comments legibly in the spaces provided.

If a question does not apply, enter N/A (Not Applicable).

Read each question thoroughly before answering.

#	QUESTION	YES	NO	INITIAL
1.	Failure to respond truthfully to these questions may be grounds for disqualification for certification as an officer. Do you understand this?			

2. In the spaces provided below, indicate if you have ever used any unlawful substance(s), the approximate date first used, list the date last used and number of times used. If you have never used or experimented with any unlawful substance(s) please mark column "Never Used."

Drug Use:

TYPE	DATE FIRST USED	DATE LAST USED	NUMBER OF TIMES USED	NEVER USED
Marijuana				
Hashish/Hash Oil				
PCP/Angel Dust				
LSD/ Other Hallucinogen				
Mescaline				
Psycilobin Mushrooms				
Heroin				
Cocaine / Crack				
Quaaludes				
Opium				
Speed/Crystal Crosstops				
Unlawful Stimulants				
Unlawful Barbiturates				
Thai Sticks				
Unlawful Prescription Drugs				
Methamphetamine				
Unlawful Steroids				
Huffing: Inhalant Use				
Other Illegal Drugs/Narcotics				

3. Name any other illegal drug(s), narcotic(s), or controlled substance(s) not listed above that you have ingested. _____

#	QUESTION	YES	NO	INITIAL
4.	Have you ever acted as a middleman, go between, or “done a favor for a friend” by becoming involved in an illegal drug transaction? If Yes, attach explanation on separate sheet.			
5.	Have you or anyone else ever injected an illegal drug into your body? If Yes, attach explanation on separate sheet.			
6.	Have you ever purchased any drug, narcotic or controlled substance other than by a doctor’s prescription? If Yes, attach explanation on separate sheet.			
7.	Have you ever participated in the manufacture, cultivation, or production of any drug, narcotic, or controlled substance? If Yes, attach explanation on separate sheet.			
8.	Have you ever acted as a courier by transporting any drug, narcotic, or controlled substance for other than legitimate purposes? If Yes, attach explanation on separate sheet.			
9.	To your knowledge, do any of your present circle of friends and acquaintances use any type of illegal narcotics, pills, or drugs? If Yes, attach explanation on separate sheet.			
10.	Have you ever entered a house, place of business, or a vehicle and stolen something that did not belong to you? If Yes, attach explanation on separate sheet.			
11.	Since you have turned 18, have you ever stolen anything? If Yes, attach explanation on separate sheet.			
12.	Since you turned 18 years old, have you ever knowingly had sex with someone under the age of 16? If Yes, attach explanation on separate sheet.			
13.	Have you ever committed rape or an unlawful sexual act that was punishable as a felony offense? If Yes, attach explanation on separate sheet.			

I attest that there are no misrepresentations, omissions, or falsifications to the foregoing statements and answers, and that the entries made by me above are true, complete and correct to the best of my knowledge, belief and are made in good faith.

Please print full legal name

Date

Applicant Signature

I have reviewed the above questions and responses.

Agency Head Signature

Date